

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2013 JUL 10 AM 10:38

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example. If typing, type over the lines. 12FE4M5

ROBINSON & COLE FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 280 TRUMBULL ST C/O S. FRANK D'ERCOLE HARTFORD CT 06103

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00341321

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 04'01'2013 through 06'30'2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer S. FRANK D'ERCOLE

Signature of Treasurer [Signature] Date 07'09'2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 7 columns and 1 row for Office Use Only. Last cell contains FEC FORM 3X Rev. 12/2004

13031083195

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ROBINSON & COLE FEDERAL PAC

Report Covering the Period: From: 04 01 2013 To: 06 30 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2013</u>		6,552.11
(b) Cash on Hand at Beginning of Reporting Period.....	6,552.11	
(c) Total Receipts (from Line 19).....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6,552.11	0.00
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	6,552.11	6,552.11
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

13031083196

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ROBINSON & COLE FEDERAL PAC

Report Covering the Period: From:

04 ' 01 ' 2013

To:

06 ' 30 ' 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

0.00

0.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0.00

0.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0.00

0.00

13031083197

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

II. Disbursements	COLUMN A Total This Period			COLUMN B Calendar Year-to-Date		
21. Operating Expenditures:						
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)						
(i) Federal Share	,	,	.	,	,	.
(ii) Non-Federal Share.....	,	,	.	,	,	.
(b) Other Federal Operating Expenditures	,	,	.	,	,	.
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	,	,	.	,	,	.
22. Transfers to Affiliated/Other Party Committees.....	,	,	.	,	,	.
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	,	,	00	,	,	0.00
24. Independent Expenditures (use Schedule E).....	,	,	.	,	,	.
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	,	,	.	,	,	.
26. Loan Repayments Made.....	,	,	.	,	,	.
27. Loans Made.....	,	,	.	,	,	.
28. Refunds of Contributions To:						
(a) Individuals/Persons Other Than Political Committees	,	,	.	,	,	.
(b) Political Party Committees	,	,	.	,	,	.
(c) Other Political Committees (such as PACs).....	,	,	.	,	,	.
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	,	,	.	,	,	.
29. Other Disbursements	,	,	.	,	,	.
30. Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity (from Schedule H6)						
(i) Federal Share	,	,	.	,	,	.
(ii) "Levin" Share.....	,	,	.	,	,	.
(b) Federal Election Activity Paid Entirely With Federal Funds	,	,	.	,	,	.
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	,	,	.	,	,	.
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	,	,	00	,	,	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	,	,	00	,	,	0.00

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

13031083199

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 21

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Robinson & Cole Federal PAC

Full Name (Last, First, Middle Initial)

Date of Receipt

A.

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

B.

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial)

Date of Receipt

C.

Mailing Address

City State Zip Code

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

13031083200

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL PAC

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

B.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

C.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City State Zip Code		
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	, , .
TOTAL This Period (last page this line number only).....▶	, , 0.00

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SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: Primary General Other (specify) ▼
Mailing Address		
City	State ZIP Code	
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: , , .

SUBTOTALS This Period This Page (optional)..... ▶	, , .
TOTALS This Period (last page in this line only)..... ▶	, , 0.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans**

(Use separate schedule(s) for each numbered line) PAGE 10 OF 21
FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

1) SUBTOTALS This Period This Page (optional).....▶	, , .
2) TOTALS This Period (last page this line number only).....▶	, , .
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	, , .
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	, , 0.00

13031083204

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
 (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 12 OF 21
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC

Has your committee been designated to make coordinated expenditures by a political party committee? YES : NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	M M / D D / Y Y Y Y
City State Zip Code	Amount	, , .
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		, , .
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	M M / D D / Y Y Y Y
City State Zip Code	Amount	, , .
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		, , .
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	M M / D D / Y Y Y Y
City State Zip Code	Amount	, , .
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____
Aggregate General Election Expenditure for this Candidate ▶		, , .

SUBTOTAL of Expenditures This Page (optional).....▶	, , .
TOTAL This Period (last page this line number only).....▶	, , . <u>0.00</u>

13031083206

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal %

Nonfederal %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

13031083207

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

802E801E0E1

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	.	.

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		, , .

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		, , .
ii) Generic Voter Drive		, , .
iii) Exempt Activities.....		, , .
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____	, , .	
b) _____	, , .	
c) Total Amount Transferred For Direct Fundraising		, , .
v) Direct Candidate Support (List Activity or Event Identifier)		
a) _____	, , .	
b) _____	, , .	
c) Total Amount Transferred For Direct Candidate Support.....		, , .
vi) Public Communications Referring Only to Party (Made by PAC)		, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)		, , .
TOTAL This Period (Generic Voter Drive)		, , .
TOTAL This Period (Exempt Activities)		, , .
TOTAL This Period (Direct Fundraising)		, , .
TOTAL This Period (Direct Candidate Support)		, , .
TOTAL This Period (Public Communications Referring Only to Party)		, , .
TOTAL This Period (Total Amount Transferred).....		, , . 0.00

13031083209

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC

A. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City State Zip Code		<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
		, , .	
		M M / D D / Y Y Y Y	
		Date	
FEDERAL SHARE + NONFEDERAL SHARE =		TOTAL AMOUNT	
, , .		, , .	

B. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City State Zip Code		<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
		, , .	
		M M / D D / Y Y Y Y	
		Date	
FEDERAL SHARE + NONFEDERAL SHARE =		TOTAL AMOUNT	
, , .		, , .	

C. Full Name (Last, First, Middle Initial)		Allocated Activity or Event:	
Mailing Address		<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City State Zip Code		<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:		Allocated Activity or Event Year-To-Date	
		, , .	
		M M / D D / Y Y Y Y	
		Date	
FEDERAL SHARE + NONFEDERAL SHARE =		TOTAL AMOUNT	
, , .		, , .	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))
 FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

0.00

13031083210

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE 17 OF 21
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		, , .

BREAKDOWN OF THIS TRANSFER

i) Voter Registration		VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	, , .	
ii) Voter ID		VOTER ID
Total Amount Transferred for Voter ID.....	, , .	
iii) GOTV		GOTV
Total Amount Transferred for GOTV.....	, , .	
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	, , .	

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
		, , .

BREAKDOWN OF THIS TRANSFER

i) Voter Registration		VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	, , .	
ii) Voter ID		VOTER ID
Total Amount Transferred for Voter ID.....	, , .	
iii) GOTV		GOTV
Total Amount Transferred for GOTV.....	, , .	
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity.....	, , .	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	, , .	
TOTAL This Period (Voter ID).....	, , .	
TOTAL This Period (GOTV).....	, , .	
TOTAL This Period (Generic Campaign Activity).....	, , .	
TOTAL This Period (Total Amount of Transfers Received).....	, , .	0.00

172801501

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration <input type="checkbox"/> GOTV Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date M M / D D / Y Y Y Y

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration <input type="checkbox"/> GOTV Voter ID <input checked="" type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date M M / D D / Y Y Y Y

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: Voter Registration <input type="checkbox"/> GOTV Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	Date M M / D D / Y Y Y Y

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
				0.00
TOTAL This Period for the Levin Share				

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SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC
NAME OF ACCOUNT

Table with columns: COLUMN A TOTAL THIS PERIOD, COLUMN B YEAR-TO-DATE. Rows include: 1. RECEIPTS FROM PERSONS (Itemized, Unitemized, Total), 2. OTHER RECEIPTS, 3. TOTAL RECEIPTS, 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Voter Registration, Voter ID, GOTV, Generic Campaign, Total), 5. OTHER DISBURSEMENTS, 6. TOTAL DISBURSEMENTS, 7. BEGINNING CASH ON HAND, 8. RECEIPTS, 9. SUBTOTAL, 10. DISBURSEMENTS, 11. ENDING CASH ON HAND.

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SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
 for each category of the
 Aggregation Page

FOR LINE NUMBER: 1a 2
 (check only one)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ROBINSON & COLE FEDERAL PAC

A.		Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address				Amount of Each Receipt this Period	
City State Zip Code				, , .	
Name of Employer or Principal Place of Business				Aggregate Year-to-Date	
Occupation				, , .	
B.		Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address				Amount of Each Receipt this Period	
City State Zip Code				, , .	
Name of Employer or Principal Place of Business				Aggregate Year-to-Date	
Occupation				, , .	
C.		Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address				Amount of Each Receipt this Period	
City State Zip Code				, , .	
Name of Employer or Principal Place of Business				Aggregate Year-to-Date	
Occupation				, , .	
D.		Full Name (Last, First, Middle Initial) / Full Organization Name		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address				Amount of Each Receipt this Period	
City State Zip Code				, , .	
Name of Employer or Principal Place of Business				Aggregate Year-to-Date	
Occupation				, , .	
SUBTOTAL of Receipts This Page (optional).....▶				, , .	
TOTAL This Period (last page this line number only).....▶				, , . 0.00	

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**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER: PAGE 21 OF 21
(check only one) 4a 4c 5
 4b 4d

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NAME OF COMMITTEE (In Full)
ROBINSON & COLE FEDERAL PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			, , .
B. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			, , .
C. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			, , .
D. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			, , .
E. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			, , .

SUBTOTAL of Disbursements This Page (optional).....▶ , , .
TOTAL This Period (last page this line number only).....▶ , , 0.00

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
7/9/10
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

EP *7/10/13*
 PREPARER DATE PREPARED

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